



UNIVERSITY of
LOUISIANA
LAFAYETTE

Office of Academic Affairs
Academic Programs

Undergraduate Course Substitution Request

(Attach a Degree Check Sheet if student is not in Degree Works.)

Student's name:

Student's ULID:

Advisor:

Date:

Degree Program:

Department:

Anticipated Grad Term/Year:

Catalog Year:

Course Substitution Information

Replace UL course: _____ with: _____

Replace UL course: _____ with: _____

Replace UL course: _____ with: _____

Replace UL course: _____ with: _____

Rationale for Substitution

Student's Signature:	Date:		
Advisor's Signature:	Date:		
Department Head's Signature:	Date:	Approve	Disapprove
Dean's Signature:	Date:	Approve	Disapprove
Academic Programs' signature:	Date:	Approve	Disapprove
<u>Official Use Only</u>			
Notes:	Processed Date:	Processed By:	